

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkton* Town *Elkton* CountyDate of death *1905* Month *March* Day *Thursday* Age *97* Years Months *March* Days *Thursday*Sex *Female* Color or Race *White* Birth-place *Chestertown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *James E. Carroll* Father's Birthplace *This country near Co. "Stepney" Queen Anne's*Mother's Maiden Name *Nemitta J. Hackitt* Mother's Birthplace *Chestertown*Name of person giving information *Sarah C. Lamar* How related to deceased *Niece*

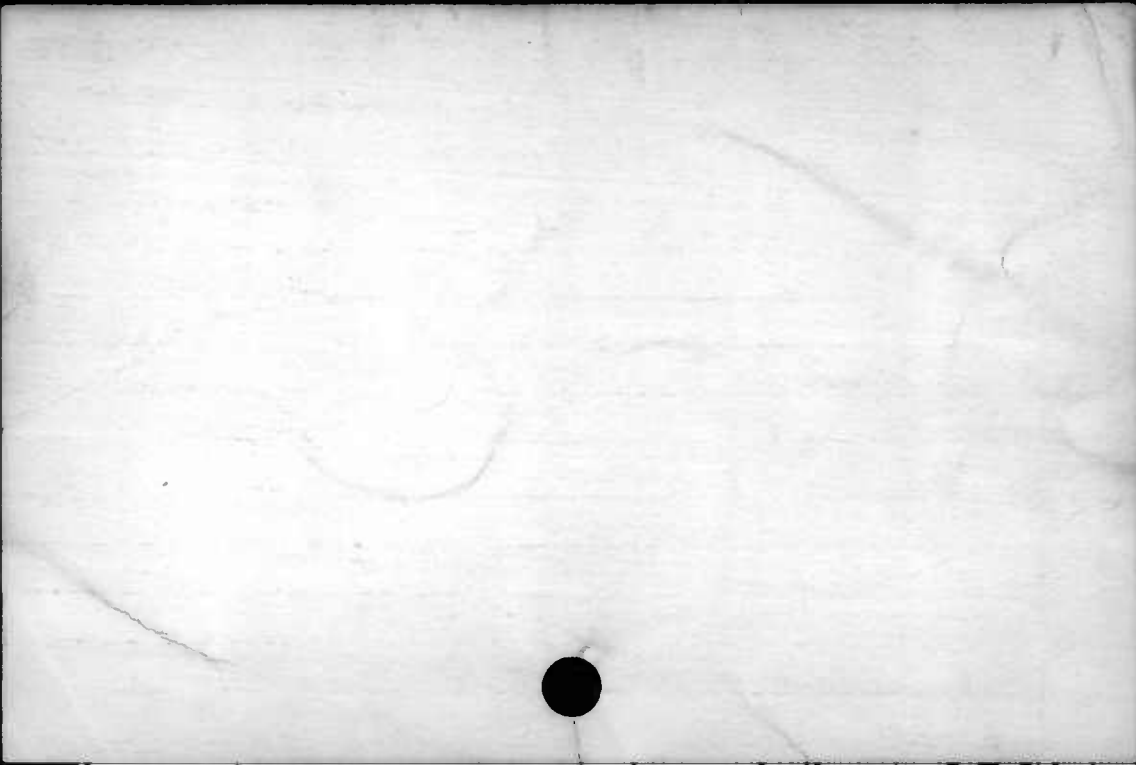
CAUSES OF DEATH

Primary *Heart trouble* How long *1 yr*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. Arthur Mitchell M.D.*Address *Elkton Md.*

Accident or Suicide? _____



Name
in
Full

Edward Bartoletti

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *near Northeast* ^{County} *Cecil*Date of death *1905* ^{Month} *March* ^{Day} *2* ^{Years} *81* ^{Months} *8* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Philadelphia*Occupation *Mariner* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Wm. Bartoletti*

Father's Birthplace

Mother's Maiden Name *Mary Shallcross*

Mother's Birthplace

Name of person giving information *Louis J. Byers*How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Hypostatic Pneumonia.**165* ✓ How long *Ten days.*Immediate *Heart Failure.*

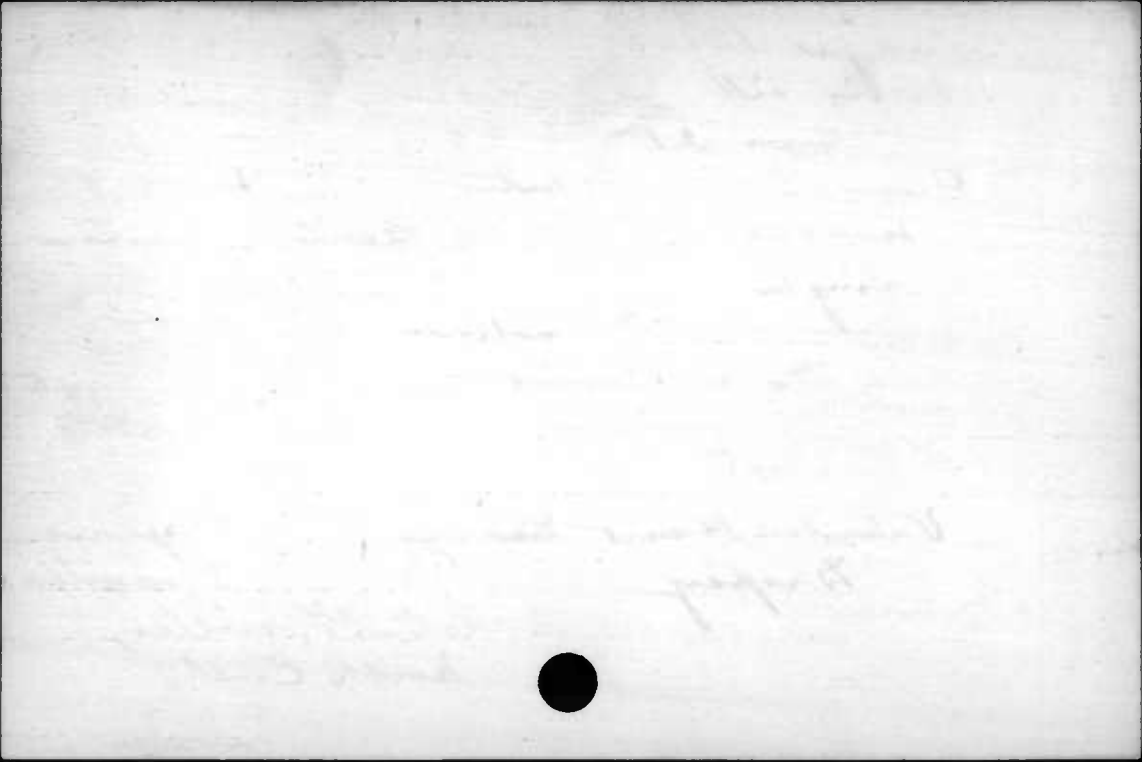
How long

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

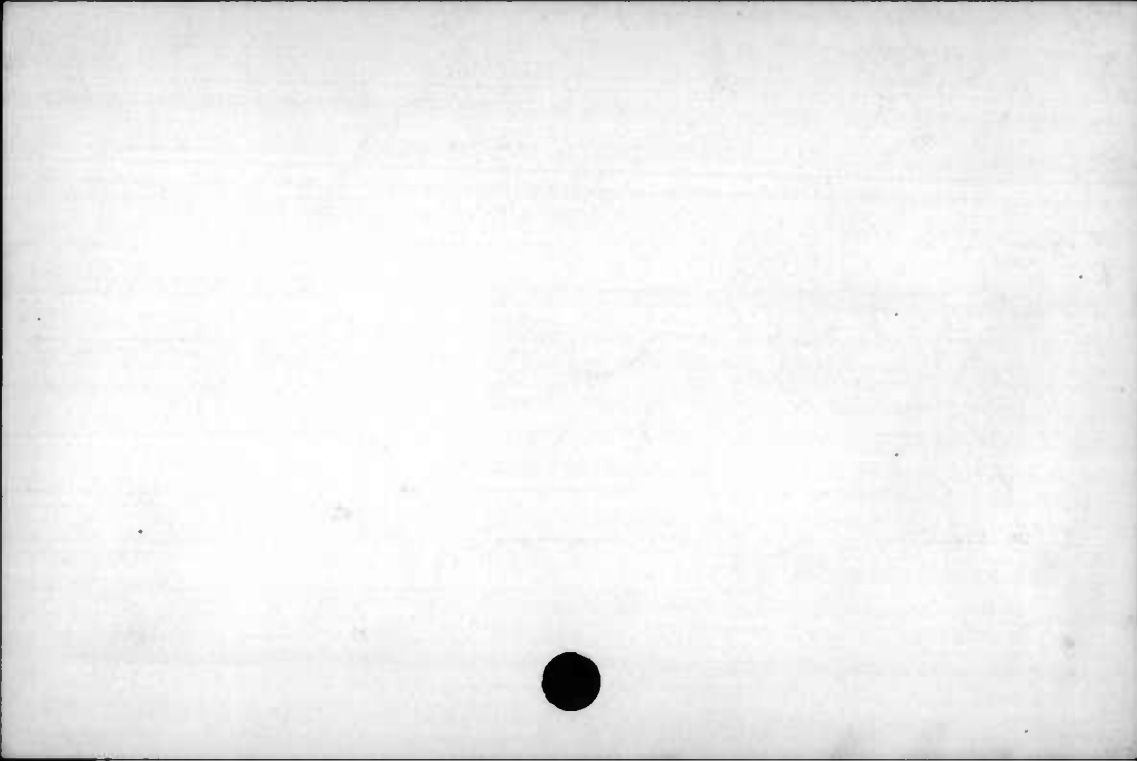
Address

*The Pneumonia was due to*Accident or Suicide? *Confinement consequent on a dislocated hip.*PHYSICIAN
OR CORONER



| | | | | | | | | | | | | | |
|-------------------------------------|----------------------------|----------------|-------|-------------------------|--------|---|---------------------|-------|----|---------------------|--|------|--|
| Name is Full | | Maggie Bennett | | | | CERTIFICATE OF DEATH | | | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND | | | | | | |
| | Cherry Hill | | | | Leecil | | | | | | | | |
| | Date of death | 1905 | Month | March | Day | 21 | Age | Years | 50 | Months | | Days | |
| | Sex | Female | | Color or Race | White | | Birth-place | Ind. | | | | | |
| | Occupation | Not any | | | | Where Residing if not at place of death | | | | Leecil Co. Chambers | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | | | | | | | |
| | Father's Name | Do not know | | | | | Father's Birthplace | | | | | | |
| Mother's Maiden Name | Do not know | | | | | Mother's Birthplace | | | | | | | |
| Name of person giving information | | | | | | How related to deceased | | | | | | | |

| | | | | | |
|-------------------------|--|------------------------|------------------------|------------------|----------|
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary | Valvular Heart Disease | | How long | 3 years |
| | Immediate | Dropsey | | How long | 3 months |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Chas. F. Miller, | |
| | | | Address | North East - | |
| | Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

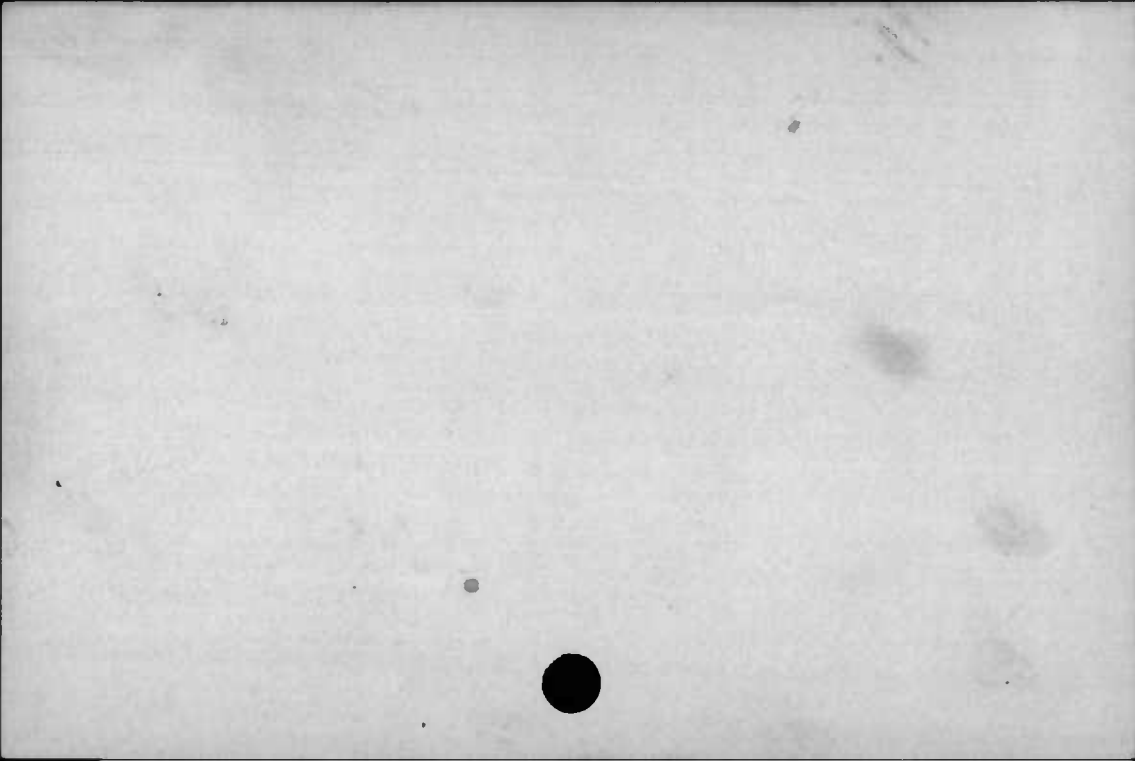
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|---|---------------|---------------------------------|-------|-----------------|---------------|--|----------|--|
| Died at <i>Town pt</i> | | <i>Cecil</i> | | TOWN | | COUNTY | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>3</i> | Day <i>31</i> | Age <i>83</i> | Years | Months <i>X</i> | Days <i>X</i> | | | |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Philadelphia</i> | | | | | | |
| Occupation <i>House wife</i> | Where Residing if not at place of death <i>Town point</i> | | | | | | | | |
| Married, Single or Widowed <i>widowed</i> | Name of Wife or Husband <i>Marionel Brandwater</i> | | | | | | | | |
| Father's Name <i>Andrew Shepard</i> | Father's Birthplace <i>Phila</i> | | | | | | | | |
| Mother's Maiden Name <i>Mary A Shepard</i> | Mother's Birthplace <i>"</i> | | | | | | | | |
| Name of person giving information <i>W. W. Brandwater</i> | How related to deceased <i>Son</i> | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Cerebral Hemorrhage</i> | <i>64</i> <input checked="" type="checkbox"/> <i>How long 14 hrs</i> |
| Immediate <i>Cerebral Hemorrhage</i> | <i>11</i> <i>How long</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. D. Conroy M.D.</i> |
| | Address <i>Chicopee Ave</i> |
| | <i>md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James McCullough Campbell*

Died at

Town *Port Deposit*

County

Cecil

Date

of death *1905*

Month

March

Day

13

Years

2

Months

2

Days

Sex

*Male*Color or
Race*White*Birth-
place*Port Deposit*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*George Campbell*Father's
Birthplace*Cecil Co*Mother's
Maiden Name*Minnie McCullough*Mother's
Birthplace*" "*Name of person giving
information*George Campbell*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Burned

How long

162 6 days

Immediate

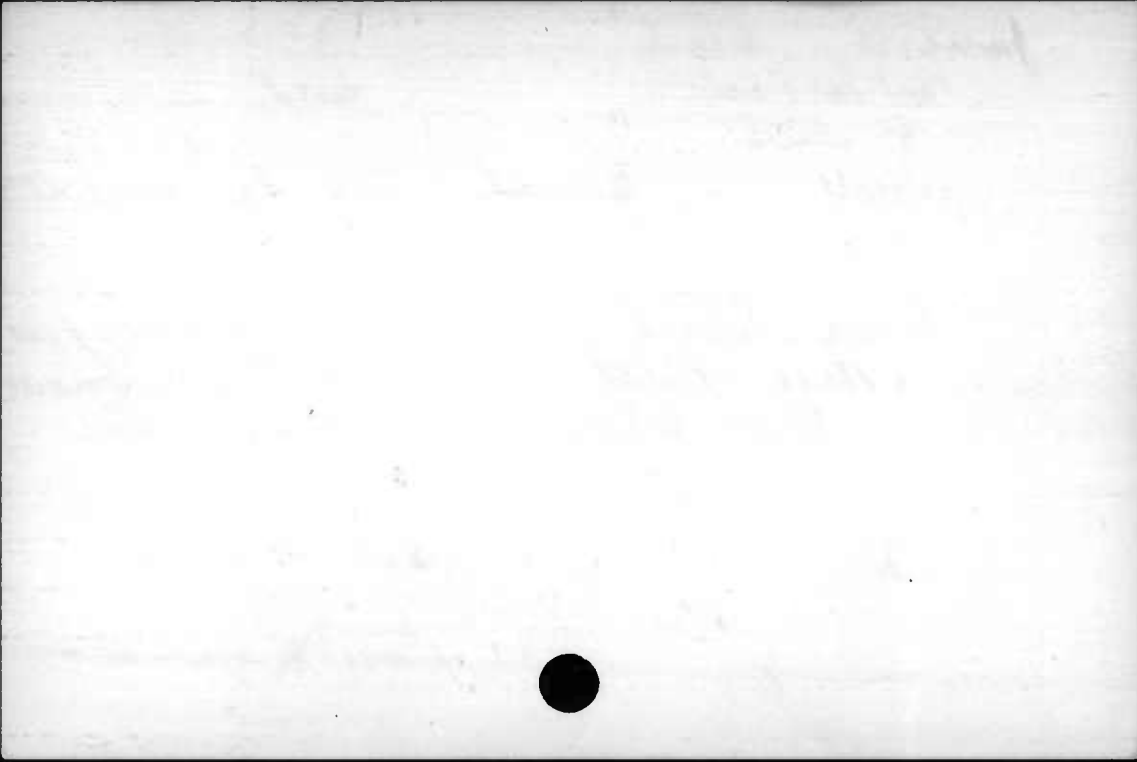
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

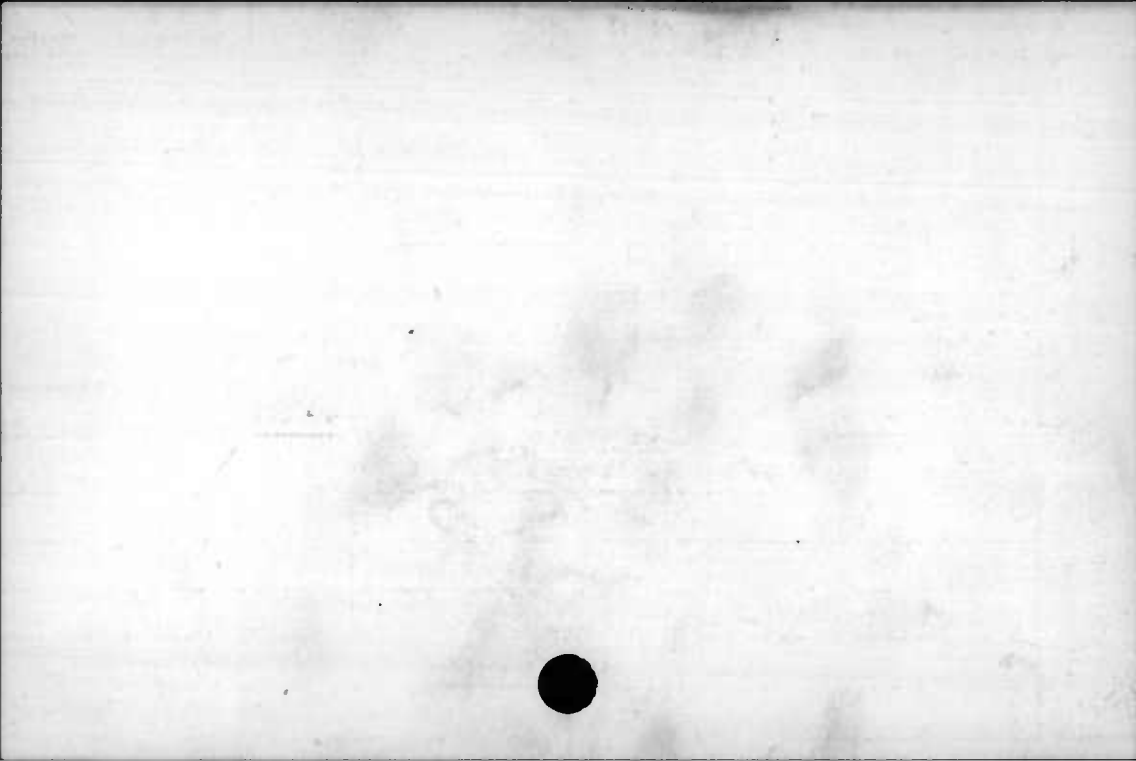
*B. H. Fisher
Port Deposit, Md.*

Accident or Suicide?

Accident



| Name in Full | | JANISSE CLARK | | | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|---------------|---|---------|-------------------------|----------------------|-----------------------------------|-------|------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND | | |
| | Part Deposit- | | Part Deposit- | | Part Deposit- | | | | |
| | Date of death | 1905- | Month | March | Day | 17 | Age | Years | 1 |
| | Sex | Female | Color or Race | Colored | Birth-place | Part Deposit- | Months | 3 | Days |
| | Occupation | | Where Residing if not at place of death | | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Married, Single or Widowed | | Name of Wife or Husband | | Father's Birthplace | | Father's Name | | |
| | | | | | Mother's Birthplace | | Mother's Maiden Name | | |
| | | | | | How related to deceased | | Name of person giving information | | |
| | | | | | Part Deposit- | | Mary Clark | | |
| | | | | | Mother | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | How long | | 3 Weeks | | | | |
| | Immediate | | How long | | 3 Weeks | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Jasiah Lewis col. | | |
| | | | | | Address | | Part Deposit- | | |
| | | | | | | | Underwritten | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Reed Craig* Town *near Earleville* Cecil Co. CountyDate of death *1905* Month *3* Day *24* Age *—* Years *—* Months *—* Days *13*Sex *Male* Color or Race *White* Birth-place *Cecil Co.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *John A Craig*Father's Birthplace *Cecil Co.*Mother's Maiden Name *Clara E. Haggerty*Mother's Birthplace *Cecil Co.*Name of person giving information *John A. Craig*How related to deceased *Father*

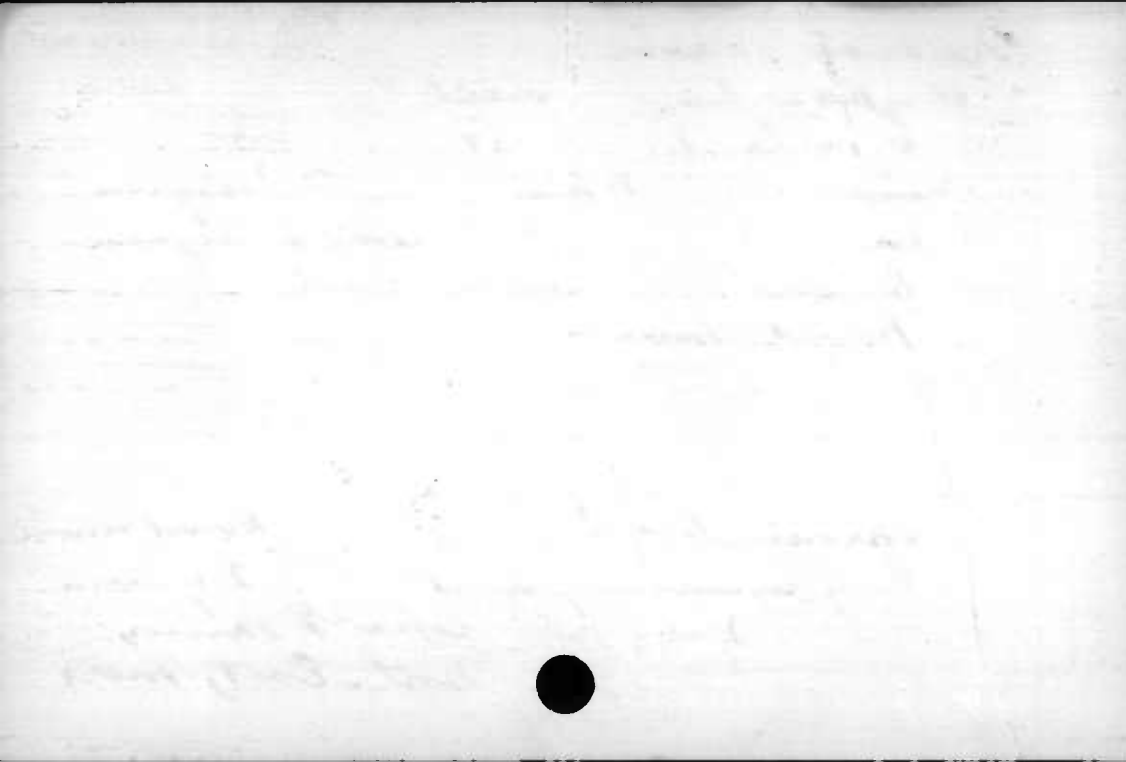
CAUSES OF DEATH

Primary *Inoculation* *15* ✓ How long *Since Bult.*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. M. Black*Address *Cecil Co. Md.*Accident or Suicide? *—*



Name
in
Full

Rebecca Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|-----------------------------|--|-------------------------|--|
| Died at <i>Cherry Hill Asylum</i> | | Town <i>Secil</i> | | County | | MARYLAND | |
| Date of death <i>1905</i> | | Month <i>March</i> | | Day <i>11</i> | | Years <i>68</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | Months _____ Days _____ | |
| Occupation <i>None</i> | | Where Residing if not at place of death <i>Secil Asylum</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Alex Davis</i> | | | | | |
| Father's Name <i>Do not know</i> | | Father's Birthplace _____ | | | | | |
| Mother's Maiden Name _____ | | Mother's Birthplace _____ | | | | | |
| Name of person giving information _____ | | How related to deceased _____ | | | | | |

CAUSES OF DEATH

| | | | |
|---|------------------------------------|---|--------------------|
| Primary | <i>Chronic Mania</i> | How long | <i>Do not know</i> |
| Immediate | <i>Patty degeneration of heart</i> | How long | <i>2 years</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Leah G Miller</i> | |
| | | Address <i>North East, Md.</i> | |
| Accident or Suicide? _____ | | | |



Name
in
Full

Washington W Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|--|---------------|-------------------------------|
| Died at <i>Port Deposit</i> ^{Town} | | <i>Cal</i> ^{County} | | MARYLAND | |
| Date of death | <i>1905</i> | Month <i>March</i> | Day <i>9</i> | Age <i>74</i> | Months <i>5</i> Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Pa</i> | | |
| Occupation <i>Lumber dealer</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Billie Davis</i> | | | |
| Father's Name <i>Benjamin Davis</i> | | | Father's Birthplace <i>—</i> | | |
| Mother's Maiden Name <i>Jane Kidd</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>Billie Davis</i> | | | How related to deceased <i>Wife</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Heart Disease</i> | How long <i>Short time</i> |
| Immediate <i>Heart Failure</i> | How long <i>Shuffled death</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. J. Clemens</i> |
| | Address <i>Port Deposit Md</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

CERTIFICATE OF DEATH

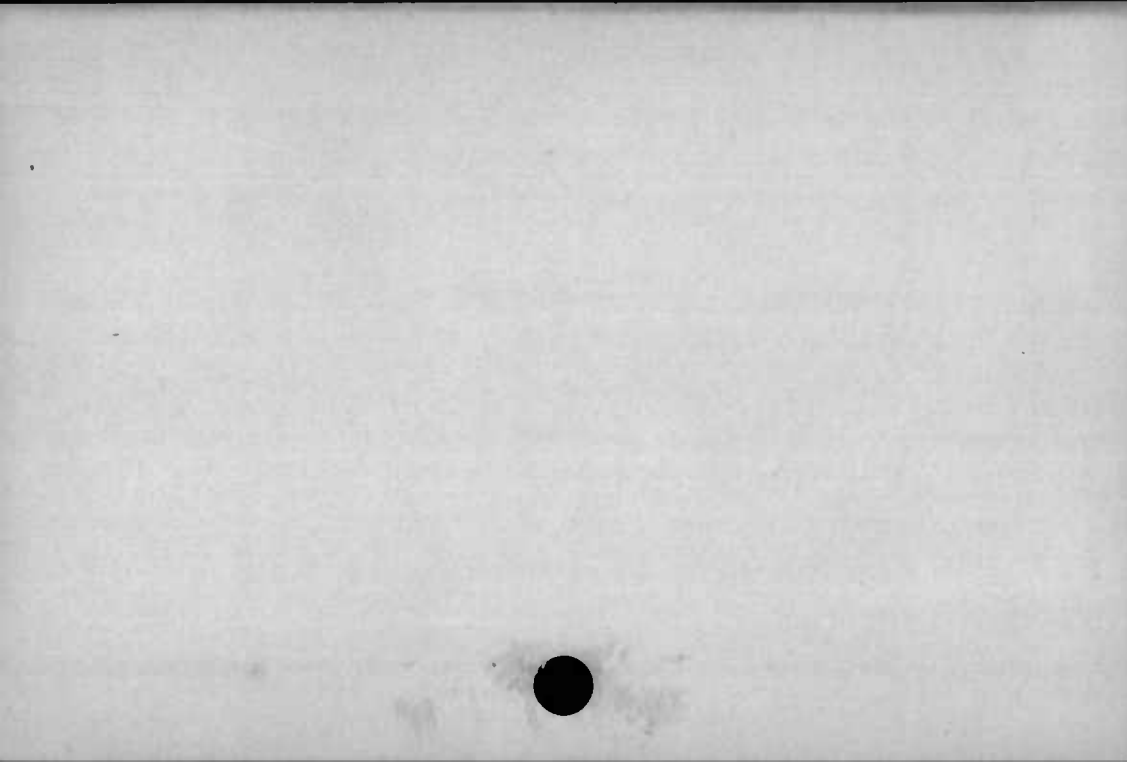
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|---------------------------------------|--|--------------------|--|
| Name in Full John A Ewing | | Town Rising Sun | | County Cecil | | MARYLAND | |
| Died at Rising Sun | | Month Mar | | Day 17 | | Years 80 | |
| Date of death 1905 | | Months 17 | | Days 80 | | | |
| Sex Male | | Color or Race White | | Birth-place Harford Co, Md. | | | |
| Occupation none | | Where Residing if not at place of death Rising Sun Md. | | | | | |
| Married, Single or Widowed Widowed | | Name of Wife or Husband John A Ewing | | | | | |
| Father's Name John Ewing | | Father's Birthplace Harford Co | | | | | |
| Mother's Maiden Name John | | Mother's Birthplace 11 | | | | | |
| Name of person giving information John | | How related to deceased 11 | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary Disease of Mitral Valve (Aortic) | How long Some 4 years |
| Immediate Echthyma | How long Threat 4 weeks |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician John A Ewing |
| | Address Rising Sun Md. |
| Accident or Suicide? | |



Name
in
Full

Sarah L Folk

CERTIFICATE OF DEATH

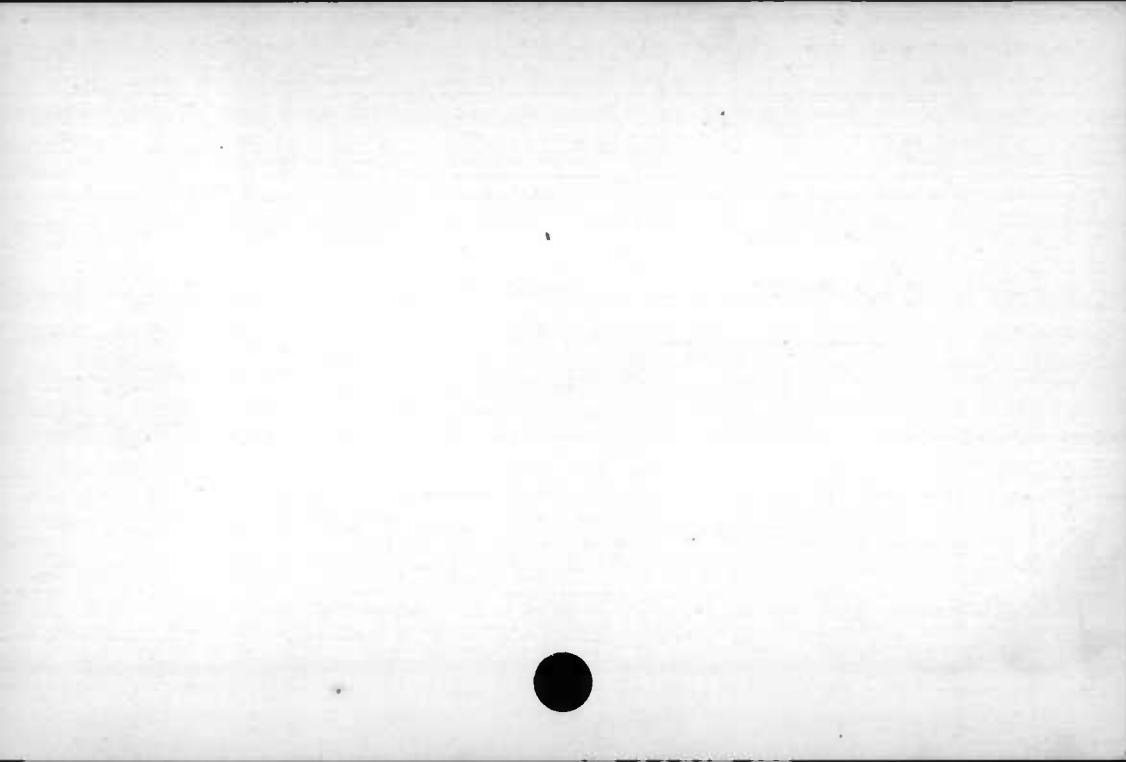
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Chesapeake City* ^{County} *Acc*

MARYLAND

Date of death *1905* ^{Month} *3* ^{Day} *10* ^{Years} *77* ^{Months} *X* ^{Days} *X*Sex *Female* Color or Race *white* Birth-place *Mayhew*Occupation *none* Where Residing If not at place of death *Chesapeake City Md*Married, Single or Widowed *widow* Name of ^{Widow} Husband *Geo W Folk*Father's Name *Olin Mitchell* Father's Birthplace *Ireland*Mother's Maiden Name *Abigail Cole* Mother's Birthplace *America*Name of person giving Information *Hannie McCall* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Phrenia* *93* How long *6 weeks*Immediate *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W C Karsner MD*Address *Chesapeake City Md*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

John T Gamble 4 Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|--------------------|-----|---|-------|----------|------|
| Died at | | Town Providence | | County Cecil | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 | | 3 | 29 | 71 | | | |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Farmer | | Where Residing if not at place of death | | Md | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband | | | |
| Father's Name | | John Gamble | | Father's Birthplace | | Md | |
| Mother's Maiden Name | | Nancy Burns | | Mother's Birthplace | | Md | |
| Name of person giving information | | Lottie A. Pettit | | How related to deceased | | Daughter | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|------------------|--------------|
| Primary | Chronic Nephritis | How long | 120 4 months |
| Immediate | Cardiac Dilatation | How long | 2 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | O. P. Carrico | |
| Address | | Cherry Hill, Md. | |
| Accident or Suicide? | | | |

121

Name
in
Full

Richard Hudson

CERTIFICATE OF DEATH

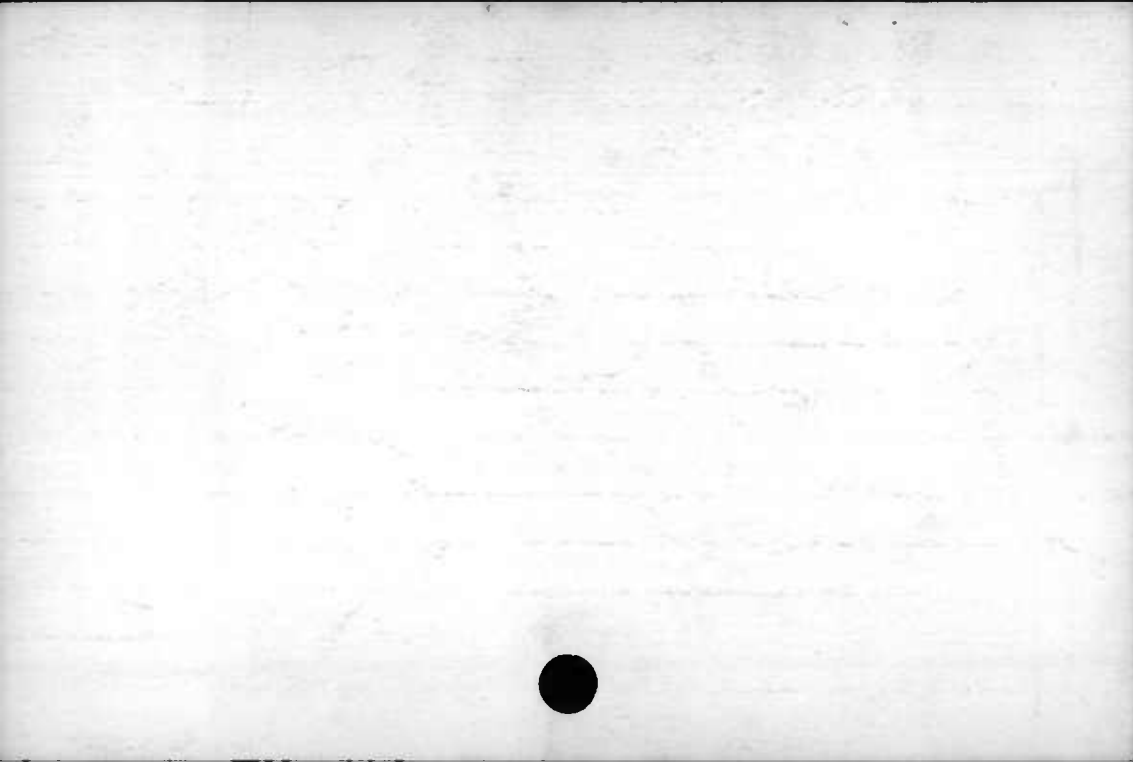
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|---|-------------------------|-------------|
| Died at <i>Albustown</i> ^{Town} <i>Cherry Hill</i> ^{County} <i>Lucile</i> | | MARYLAND | |
| Date of death | 1905 | Month | March |
| | Day | 24 th | Age 88 |
| Sex | Male | Color or Race | Colored |
| Occupation | Where Residing if not at place of death | | Birth-place |
| Married, Single or Widowed | Married | Name of Wife or Husband | Do not know |
| Father's Name | Do not know | Father's Birthplace | |
| Mother's Maiden Name | Do not know | Mother's Birthplace | |
| Name of person giving Information | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------------|------------------------|-------------------------|
| Primary | <i>Patty degeneration of heart</i> | How long | 3 years |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Chas H Miller</i> |
| | | Address | <i>North East, Ind.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Ethelene M. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Blue Ball Town

Cecil County

Date
of death 1905

Month

3

Day

22

Age

Years

43

Months

3

Days

29

Sex

Female

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Where Residing if not
at place of death

Blue Ball

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John H. Johnson

Father's
Name

Joseph Tyson

Father's
Birthplace

Pa.

Mother's
Maiden Name

Mary E. Abrams

Mother's
BirthplaceName of person giving
In formation

Harry Johnson

How related
to deceased

Son

Interment Ebenezer

CAUSES OF DEATH

Primary

Renal colic. 108

How long

5 days

Immediate

Obstruction of Bowels.

How long

3

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

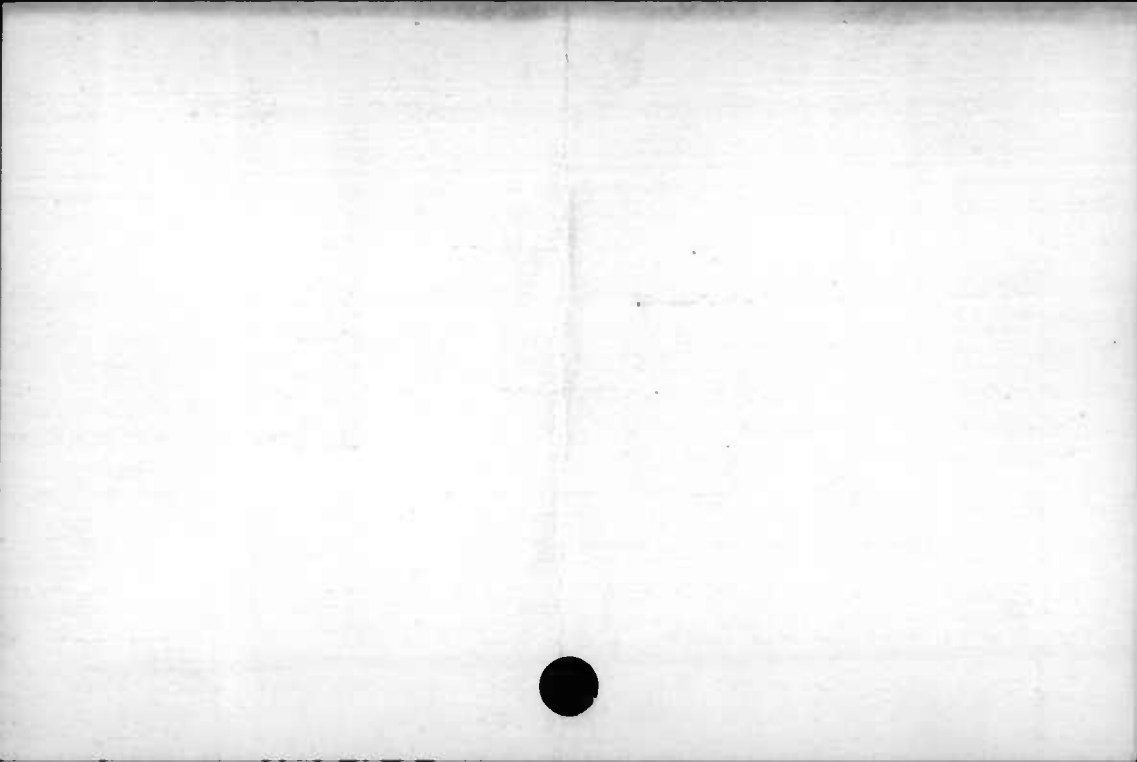
Chas. F. Miller

Address

North East, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------|--|---------------------|-------------------------------|
| Died at <i>Cherry Hill</i> Town | | <i>Cecil</i> County | | MARYLAND | |
| Date of death | <i>1905</i> | Month <i>03</i> | Day <i>4</i> | Age <i>62</i> Years | Months <i>—</i> Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Carpenter</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Elizabeth Kelly</i> | | | | |
| Father's Name <i>Edward Kelly</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Rebecca Cunningham</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>J. Walter Kelly</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>8 days</i> |
| Immediate <i>Syncope</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. J. Carriec M.D.</i> |
| | Address <i>Cherry Hill, Md.</i> |
| Accident or Suicide? <i>—</i> | |

211

Name
in
Full

L. D. McCauley Jr 4 Dist

CERTIFICATE OF DEATH

| | | | | | |
|---|---------------------------------------|--------------------------------|--|----------------------------|---------------------------|
| Died at <i>Andorra</i> ^{Town} | | <i>Cecil</i> ^{County} | | MARYLAND | |
| Date of death <i>1905</i> | <i>March</i> ^{Month} | <i>11</i> ^{Day} | Age <i>—</i> ^{Years} | <i>—</i> ^{Months} | <i>24</i> ^{Days} |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Mo.</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>L. D. McCauley</i> | Father's Birthplace <i>Maryland</i> | | Mother's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Missie Rittenhouse</i> | How related to deceased <i>Father</i> | | | | |
| Name of person giving information <i>L. D. McCauley</i> | | | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Unknown</i> | How long <i>61</i> |
| Immediate <i>Convulsions</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. J. Carries M.D.</i> |
| | Address <i>Cherry Hill, Mo.</i> |
| Accident or Suicide? <i>Yes</i> | |

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

X

611



Name
in
Full

Sarah Ann M Bush

CERTIFICATE OF DEATH

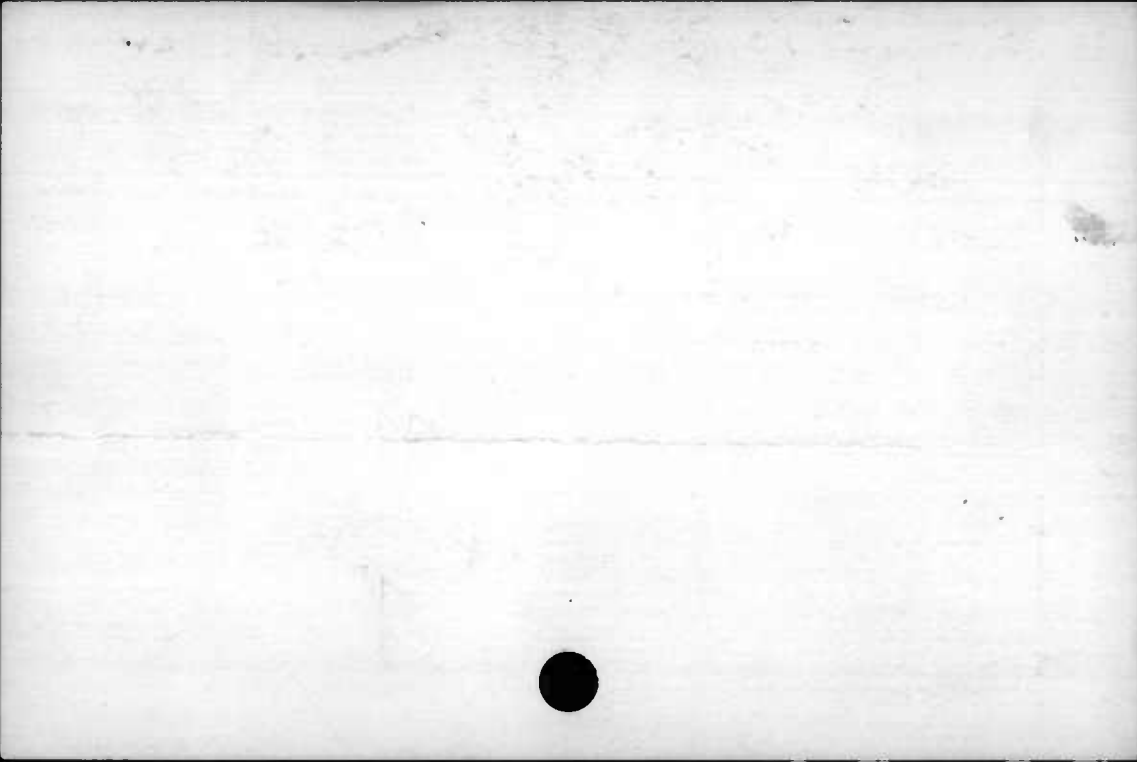
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--------------------------------|-------------------------|----------|----|
| Died at <i>Colona</i> ^{Town} | | <i>Beane</i> ^{County} | | MARYLAND | |
| Date of death | 1905 | Month | 3 | Day | 23 |
| Age | | 72 | | Years | 5 |
| Sex | Female | | Color or Race | white | |
| Occupation | Housewife | | Birth-place | Pa | |
| Where Residing if not at place of death | | Colona Md | | | |
| Married, Single | Name of Wife or Husband <i>William M Bush</i> | | | | |
| Father's Name | <i>John C. Jeness</i> | | Father's Birthplace | Pa | |
| Mother's Maiden Name | <i>Alice Mary Taylor</i> | | Mother's Birthplace | Pa | |
| Name of person giving information | <i>Wm Stephens</i> | | How related to deceased | Daughter | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------------------|------------------------|----------------------------|-------------------|
| Primary | <i>Metral Disease of Heart</i> | | How long | <i>Some years</i> |
| Immediate | <i>Heart Failure Exhaustion</i> | | How long | <i>few days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>John H. Jeness M.D.</i> | |
| | | Address | <i>Colona Md.</i> | |
| Accident or Suicide? | | | | |



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rock Run* Town *Cecil Co* County

Date of death *1905* Month *March* Day *Sunday* Age *68* Years Months *November* Days *24*

Sex *male* Color or Race *Ad. Col.* Birth-place *Harford Co*

Occupation *stonemason* Where Residing if not at place of death *Rock Run*

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Miller*

Father's Name *John Miller* Father's Birthplace *Don't no*

Mother's Maiden Name *Dutton* Mother's Birthplace *Bellaire*

Name of person giving information *Louisa Miller* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cystitis* How long *2 years*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. A. Chumley*

Address *Rock Run*

Accident or Suicide? *No*



Name

is Full

CERTIFICATE OF DEATH

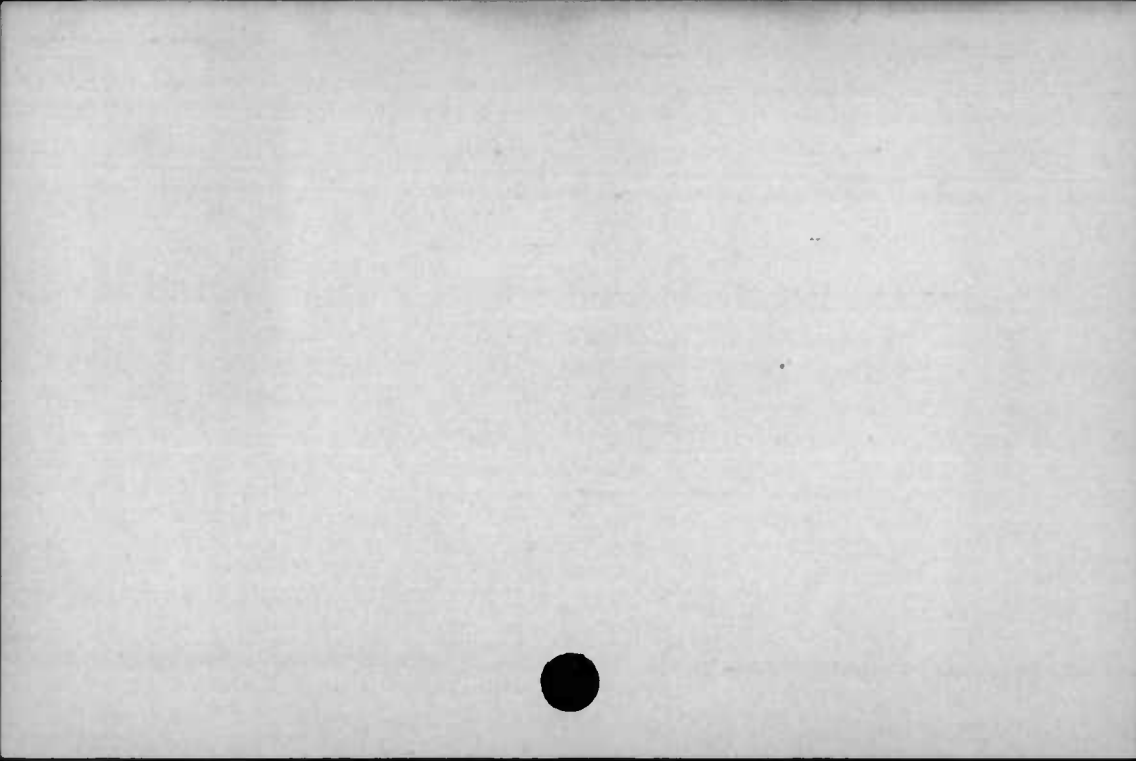
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------------------|-------------------------------------|---|---------------------|-----------------|-----------------------|--|
| Died at <i>Court House</i> | | Town <i>Cecil</i> | | County <i>Cecil</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1905</i> | Month <i>3</i> | Day <i>27</i> | Age <i>8</i> | Years <i>8</i> | Months <i>8</i> | Days <i>8</i> | |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Court House Pt</i> | | | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>Court House Pt</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Isaac Miller</i> | | Father's Birthplace <i>Not none</i> | | | | | |
| Mother's Maiden Name <i>Sarah Salberg</i> | | Mother's Birthplace <i>Cecil Co</i> | | | | | |
| Name of person giving information <i>Geo Andrews</i> | | How related to deceased <i>none</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long <i>179</i> |
| Immediate <i>Natural Causes</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Adverse J. Borerer</i> |
| <i>yes from informant</i> | Address <i>20 Ellettsville</i> |
| Accident or Suicide? | <i>Cecil Co Md</i> |



Name in Full

Certificate of Death

Mansard-Amanda Price

Town

County

Died at

MARYLAND

Date

1905
 1905
 3, 21
 Age 73
 Y. M. D.
 Native of
 Occupation Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 6

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 1/2 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Missouri Rhine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perryville* Town *Cecil* CountyDate of death *1905* Month *March* Day *1* Age *2* Years Months DaysSex *Female* Color or Race *White* Birth-place *Lebanon Pa*Occupation *—* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Wm Rhine*Father's Birthplace *—*Mother's Maiden Name *Annie Simmons*Mother's Birthplace *—*Name of person giving information *Wm Rhine*How related to deceased *Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

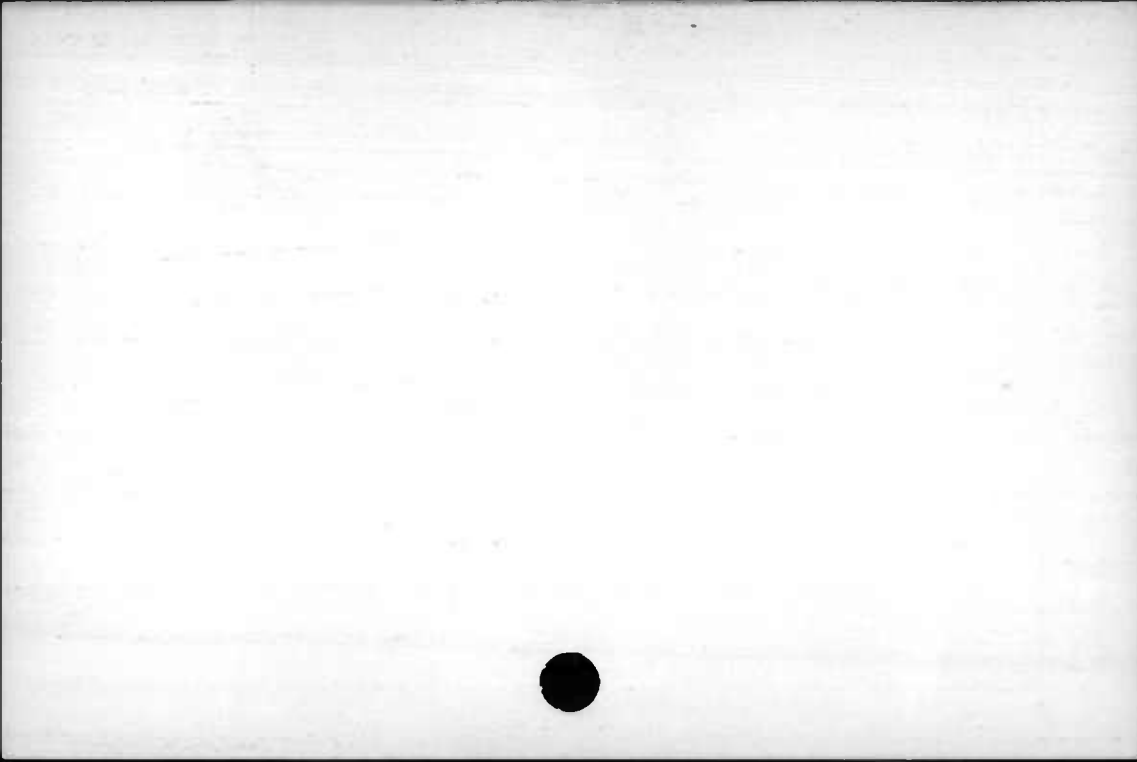
Signature of Physician

Address

Dr. W. Rhine
Perryville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary, E. Scott

4 Dist-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Town *Crown town*County *Cecil*

MARYLAND

Date of death *1905* Month *March*Day *1st*Age *32* Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Maryland*Occupation *House Wife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of W-
Husband*J. S. Scott*Father's
Name*Wm Price*Father's
Birthplace*Maryland*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation*J. S. Scott**1410*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Child Birth

How long

3-4

Immediate

Exhaustion

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Arthur Mitchell*

Address

Elkton Md

Accident or Suicide?

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | |
|--|--|--|--|------------------------------------|--|--|--|--------------------|--|--------------------|--|------------------|--|
| Name in Full <i>Elizabeth Sewall</i> | | Town <i>New Easton</i> | | County <i>Cecil</i> | | MARYLAND | | | | | | | |
| Died at | | Date of death <i>1905</i> | | Month <i>3</i> | | Day <i>6</i> | | Years <i>15</i> | | Months <i>-</i> | | Days <i>-</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth- place <i>Maryland</i> | | | | | | | | | |
| Occupation <i>_____</i> | | | | | | Where Residing if not at place of death <i>_____</i> | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>_____</i> | | | | | | | | | | | |
| Father's Name <i>Jno Sewall</i> | | Father's Birthplace <i>Maryland</i> | | | | | | | | | | | |
| Mother's Maiden Name <i>Eliza Fanner</i> | | Mother's Birthplace <i>Maryland</i> | | | | | | | | | | | |
| Name of person giving In formation <i>Hony black</i> | | How related to deceased <i>None</i> | | | | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

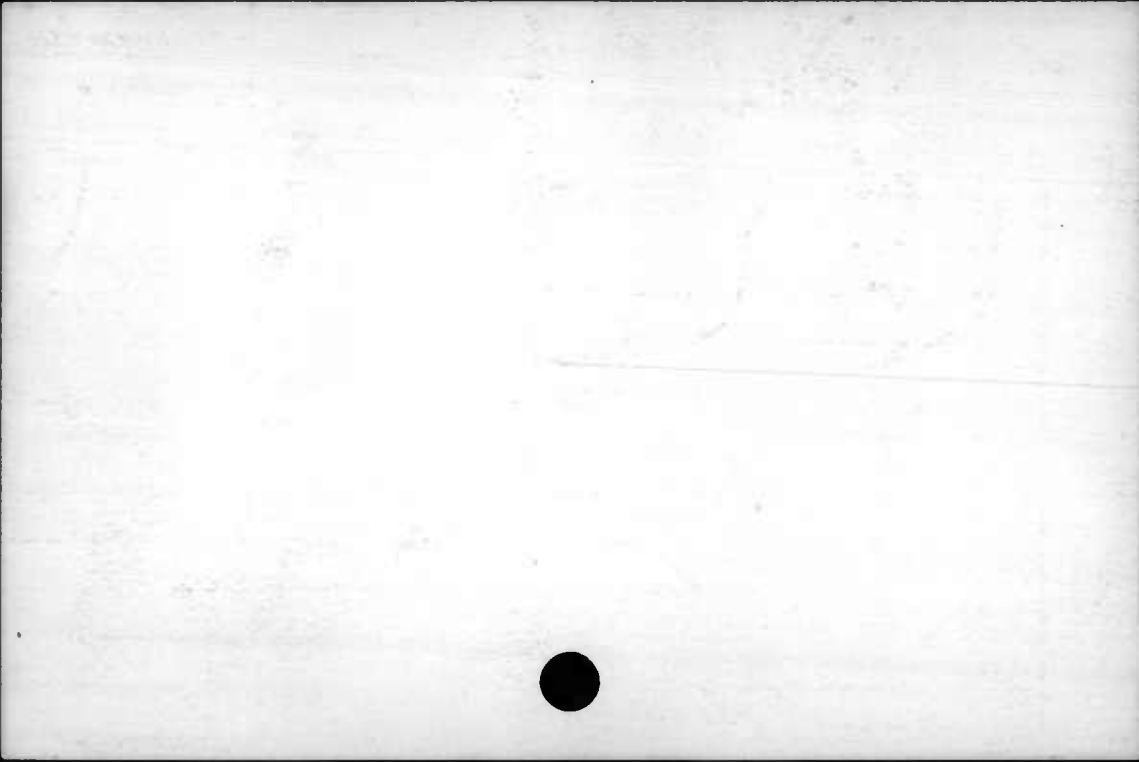
| | | | |
|---|--|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | | How long <i>12 months</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>R. M. Black</i> | |
| | | Address <i>Cecilton Md</i> | |
| Accident or Suicide? <i>_____</i> | | | |



| | | | | | | | |
|---|--|---|--|------------------------|--|----------------------|--|
| Name in Full Rebecca A. Brown | | Town Port Deposit | | County | | CERTIFICATE OF DEATH | |
| Died at Port Deposit | | Date of death 1905 | | Age 52 | | MARYLAND | |
| Sex Female | | Color or Race White | | Birthplace Cecil Co | | Months Days | |
| Occupation house wife | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Madam Sharke | | | | | |
| Father's Name Saml. Brown | | Father's Birthplace | | | | | |
| Mother's Maiden Name Rebecca A. Brown | | Mother's Birthplace | | | | | |
| Name of person giving information Mary Stebbings | | How related to deceased Daughter | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Pneumonia | | How long 18 days | | | | | |
| Immediate Acute Exhaustion | | How long 1 day | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician H. E. Church | | | | | |
| | | Address Port Deposit Ind. | | | | | |
| Accident or Suicide? | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *North East* Town

County

Date

of death *1905*

Month

3

Day

21

Years

Age *26*

Months

7

Days

Sex

*Female*Color or
Race*White*Birth-
place*Chester Pa*

Occupation

*House keeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
HusbandFather's
Name*Wm H Kline*Father's
Birthplace*North East*Mother's
Maiden Name*Hanna A. Merry*Mother's
Birthplace*Elk Neck*Name of person giving
information*Wm H Kline*How related
to deceased*Father*

CAUSES OF DEATH

Primary

La Grippe

How long

1 week

Immediate

Pneumonia

How long

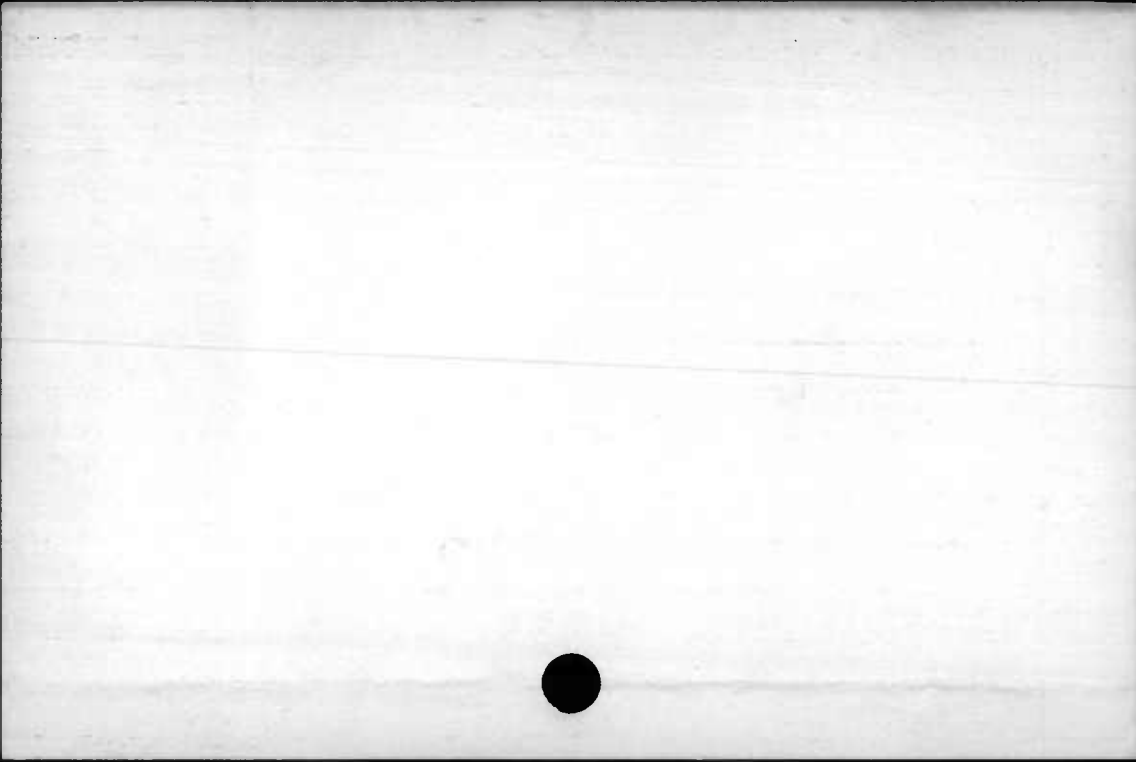
*1 week*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Geo. A. Worrell*

Address

*North East**Med*

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|--|-------------------------------|--|-------------------|
| Name in Full <i>Elizabeth C. Smith</i> | | Town <i>Cecilton</i> | | County <i>Cecil Co.</i> | | MARYLAND | |
| Died at | | Date of death 190 <i>6</i> | | Month <i>3</i> | Day <i>21st</i> | Age <i>81</i> | Years <i>—</i> |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Cecil Co.</i> | | Months <i>—</i> | |
| Married, Single or Widowed <i>Widowed</i> | | Occupation <i>House Wife</i> | | Name of Wife or Husband <i>John Smith</i> | | Father's Name <i>Geo. W. Walmsley</i> | |
| Mother's Maiden Name <i>Sarah Hall</i> | | Father's Birthplace <i>Cecil Co.</i> | | Mother's Birthplace <i>Cecil Co.</i> | | How related to deceased <i>Son</i> | |
| Name of person giving information <i>Richard S. Smith</i> | | Name of person giving information <i>Richard S. Smith</i> | | Name of person giving information <i>Richard S. Smith</i> | | Name of person giving information <i>Richard S. Smith</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Lo Tripper</i> | How long <i>Two months</i> |
| Immediate <i>Pneumonia</i> | How long <i>14 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>R. M. Black</i> |
| Accident or Suicide? <i>—</i> | Address <i>Cecilton MD</i> |



| | | | | | | | | | | | |
|-------------------------------------|-----------------|------|-----------------------|---------------|--------|---|----------------------|-------------|--|----|--|
| TO BE ANSWERED BY NEAREST FRIEND | Name In Full | | William A Smith & his | | | | CERTIFICATE OF DEATH | | | | |
| | Died at | | Town | | County | | MARYLAND | | | | |
| | Cherry Hill | | Cecil | | | | | | | | |
| | Date of death | | 1905 | Month | 3 | Day | 10 | Age | | | |
| | | | | | | Years | | Months | | | |
| | | | | | | | | Days | | | |
| | | | | | | | | | | | |
| Sex | | Male | | Color or Race | | Colored | | Birth-place | | Md | |
| Occupation | | | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | | | | Name of Wife or Husband | | | | | |
| Single | | | | | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | | | | | |
| Wm. R. Smith | | | | | | Virginia | | | | | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | | | | | |
| Bertha S. Richardson | | | | | | Maryland | | | | | |
| Name of person giving information | | | | | | How related to deceased | | | | | |
| Wm. R. Smith | | | | | | Father | | | | | |

| | | | | | |
|-------------------------|--|-------------------|-------------------|----------|---------|
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary | Pertussis | | How long | 1 month |
| | Immediate | Broncho-pneumonia | | How long | 3 days |
| | Are the name, age, sex, color, data and place correctly given above? | | Yes | | |
| | Signature of Physician | | O. P. Carver M.D. | | |
| | Address | | Cherry Hill, Md | | |
| Accident or Suicide? | | | | | |

811



Name
in
Full

CERTIFICATE OF DEATH

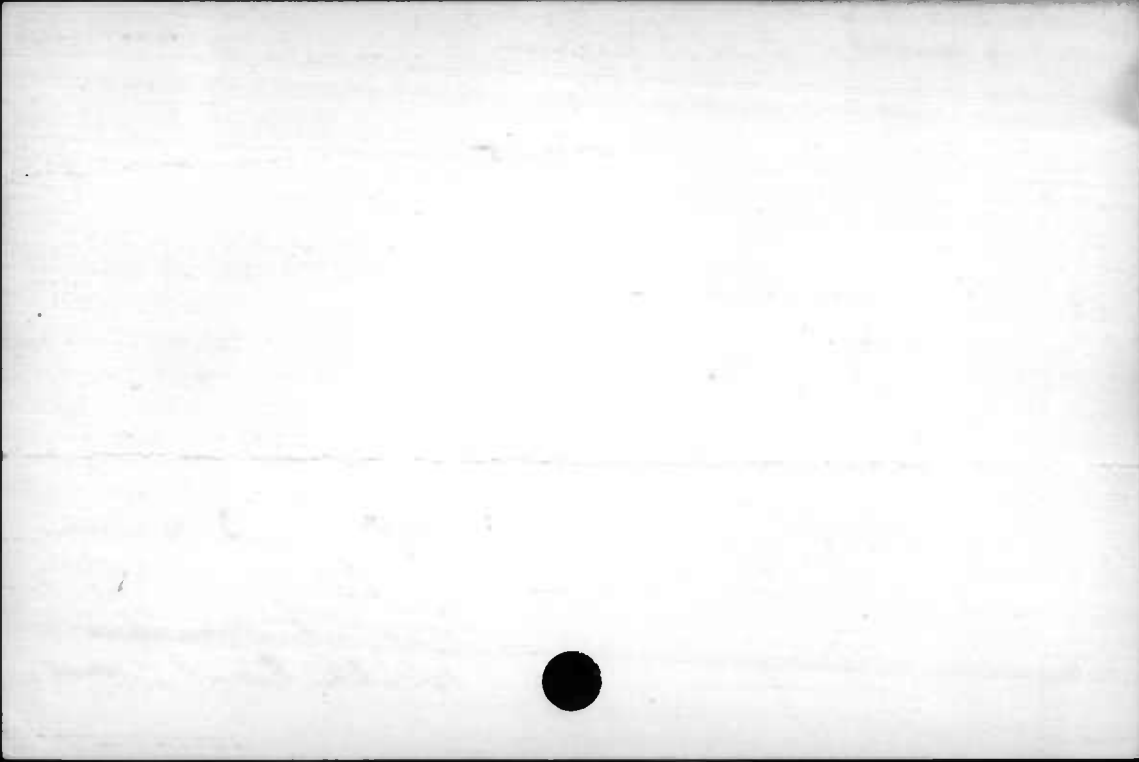
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|--|--|---|--|----------------------------|--|------------------------|--|-----------------|--|---------------|--|
| Name in Full <i>Thomas Spencer Stephens</i> | | Town <i>Sylmar</i> | | County <i>ecil</i> | | MARYLAND | | | | | |
| Died at <i>Sylmar</i> | | Month <i>3</i> | | Day <i>6</i> | | Years <i>66</i> | | Months <i>—</i> | | Days <i>6</i> | |
| Date of death <i>1905</i> | | Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth-place <i>Pa.</i> | | | | | |
| Occupation <i>Miller</i> | | Where Residing if not at place of death <i>Sylmar Md.</i> | | | | | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Rebecca Ellen Stephens</i> | | | | | | | | | |
| Father's Name <i>Leinton Stephens</i> | | Father's Birthplace <i>Pa.</i> | | | | | | | | | |
| Mother's Maiden Name <i>Elizabeth Spencer</i> | | Mother's Birthplace <i>Pa.</i> | | | | | | | | | |
| Name of person giving information <i>Rebecca E. Stephens</i> | | How related to deceased <i>Wife</i> | | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Paralysis</i> | | How long <i>67</i> | |
| Immediate <i>Heart Disease</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Franklin G. Lilly</i> | |
| | | Address <i>Oxford Pa.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James A. Taylor*

Died at

Loahert Town

County

Cecil

Date

of death *1905*

Month

March

Day

20

Years

Age *26*

Months

4

Days

20

Sex

*Male*Color or
Race*White*Birth-
place*Cecil Co. Md*

Occupation

*Editor of paper*Where Residing if not
at place of death*Baltimore Md*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*James E. Taylor*Father's
Birthplace*Phila Pa*Mother's
Maiden Name*Martha A. Pearson*Mother's
Birthplace*Cecil Co. Md*Name of person giving
In formation*Martha A. Taylor*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Consumption

How long

2 years

Immediate

Hemorrhage

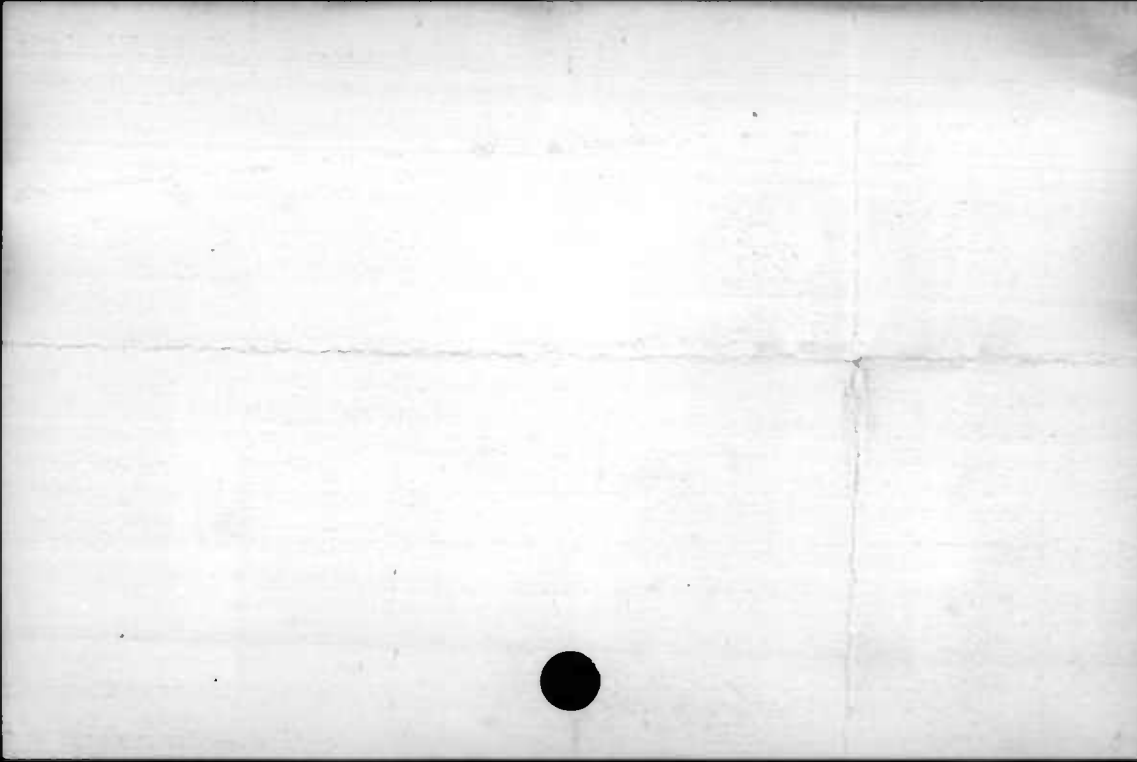
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Chas F. Miller*

Address

North East, Md;

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Near Cherry Hill*^{County} *Cecil*Date of death *1905* ^{Month} *Mar*^{Day} *25*^{Age} *4* ^{Years} *5*^{Months}^{Days}Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Nathan Tyson*Father's
Birthplace*Ind*Mother's
Maiden Name*Margaret Mackey*Mother's
Birthplace*Ind*Name of person giving
In formation*Anna M. Huston*How related
to deceased*Niece*

CAUSES OF DEATH

Primary

apoplexy

How long

3 weeks

Immediate

apoplexy

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

David Mackey
Lewisville
Pa.

Accident or Suicide?

722 /

Name
in
Full

CERTIFICATE OF DEATH

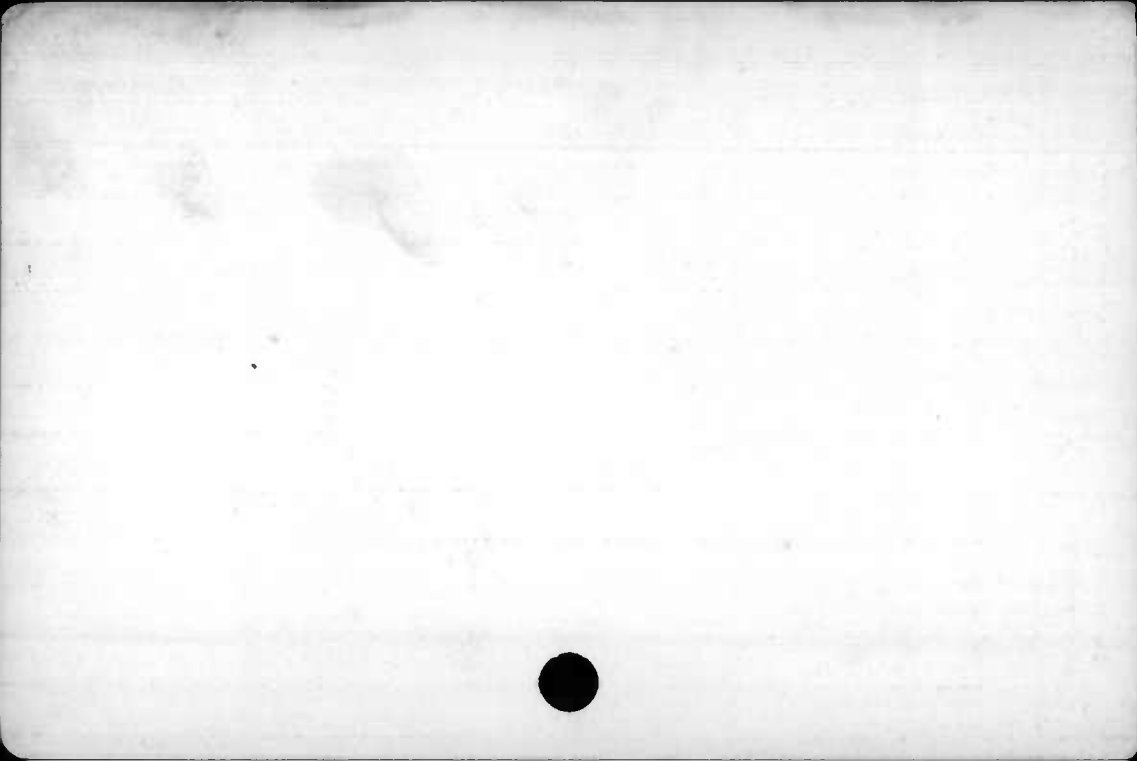
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------|---|-----------------|----------------|
| Died at <i>near Elcton</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death <i>1905-</i> | Month <i>mar</i> | Day <i>28</i> | Age <i>60</i> | Months <i>4</i> | Days <i>5-</i> |
| Sex <i>Male</i> | Color or Race <i>white</i> | | Birth-place <i>Del.</i> | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Phoebe Vandegrift</i> | | | | |
| Father's Name <i>Ward Vandegrift</i> | Father's Birthplace <i>Del</i> | | | | |
| Mother's Maiden Name <i>Anna Virden</i> | Mother's Birthplace <i>Del</i> | | | | |
| Name of person giving information <i>Phoebe M Vandegrift</i> | | | How related to deceased <i>wife</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Pneumonia</i> | How long <i>2 weeks</i> |
| Immediate <i>Apoplexy</i> | How long <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Wm. D. Hawley</i> |
| | Address <i>Elcton Md.</i> |
| Accident or Suicide? | |



CERTIFICATE OF DEATH

MARYLAND

Died at *Charleston* Town

Locust County

Date of death 1905 ^{Month} Mar ^{Day} 3rd Frid-

Age 31 Years

| | |
|--------|--------|
| Months | 4 Days |
|--------|--------|

Sex *Female*

Color or Race *1/2 White -*

Birth-place *Gilpin's Rocky*

Occupation

Where Residing if not
at place of death

Chapelstown

Married, Single
or Widowed

Marrick

Name of Wife or Husband

Verona

W. Harrison

Father's
Name

George B. Lusk.

Father's Birthplace

Bucks Co Pa

Mother's
Maiden Name

Josephine Whitlock

Mother's Birthplace

Perryville

Name of person giving
In formation

Josephine Leckorn.

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Consumption

How long

Immediate

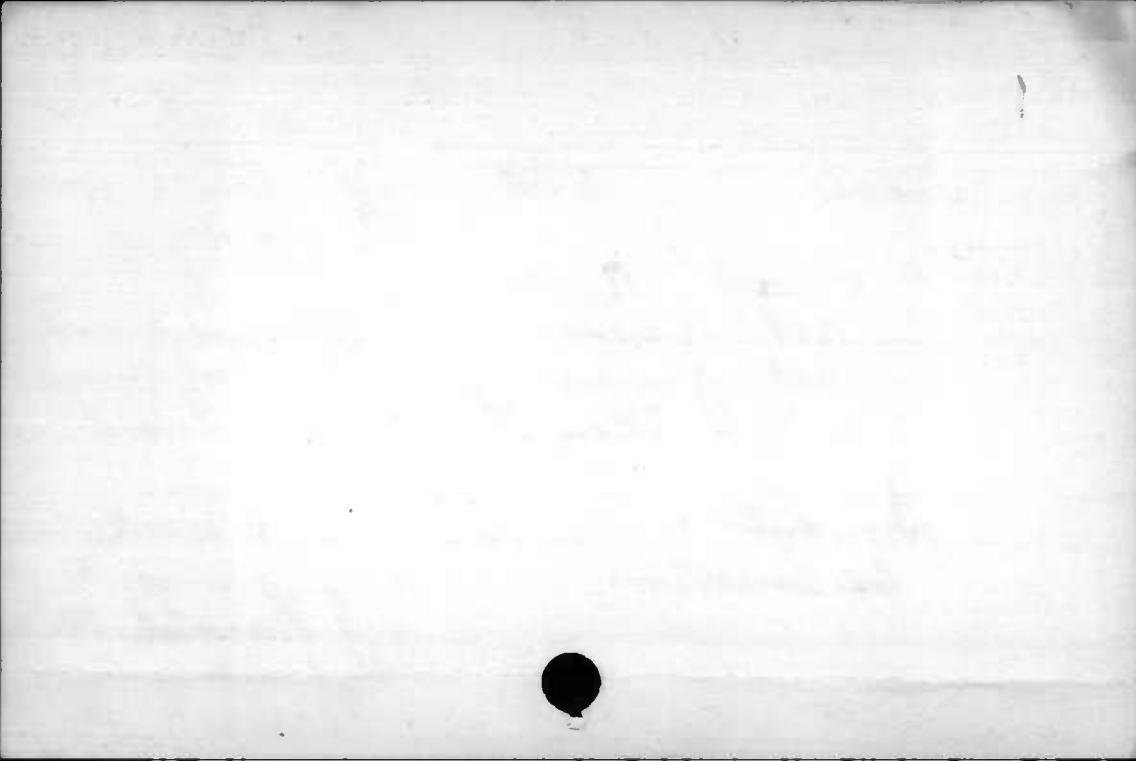
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

~~Accident or Suicide?~~



Name
is
Full

Indiana Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------------------|-----------------|--------------------------------|-----------------|--------|----------|------|
| Died at | | Town Harwick | | County Cecil | | MARYLAND | |
| Date of death 1905 | Month March | Day 5 | Age Years | 55 | Months | 0 | Days |
| Sex Female | Color or Race White | | Birth- place Cecil Co Md | | | | |
| Married, Yes or Widowed | | | Occupation Housewife | | | | |
| Name of Wife's Husband | | | Frank Gordon | | | | |
| Father's Name | | | | Not Known | | | |
| Mother's Maiden Name | | | | Not Known | | | |
| Name of person giving In formation | | | | R B Mount | | | |
| Father's Birthplace | | | | Not Known | | | |
| Mother's Birthplace | | | | Not Known | | | |
| How related to deceased | | | | Friend | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------|---------------|---------|
| Primary | Bronchitis | How long | 3 weeks |
| Immediate | Exhaustion | How long | 90 |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | J J Knight MD | |
| Address | | Harwick Md | |
| Accident or Suicide? | | | |

